Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED							
		FCL081053	B. WING		03/0	1/2016						
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	PRESS, CITY, STATE, ZIP CODE									
141 FOX RUN												
LISA'S FAMILY CARE HOME # 2 FOREST CITY, NC 28043												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE							
C 000	Initial Comments		C 000		ļ							
	Report by Paul Dixo	on			ļ							
	Survey on March 1, PM at the above refrecords indicate the August 1, 1988 as a ambulatory Resider respond without any during a fire or othe information we are compliance with the for Family Care Hor standards and regulthe applicable portion NCAC 13G for Family Rev 9) North Carol Section 409.1(g) - Family Care Horsel Section 409.1(g) -	Section conducted a Biennial 2016 from 12:00 PM to 1:15 ferenced facility. DHSR home was first licensed on a Family Care Home for six (6) hts (able to evacuate and y physical or verbal assistance or emergency). Based on this requiring the home to maintain following: the 1984 "Rules mes minimum and desired lations" with 1987 revisions, ons of the the 2005 Rules 10A hilly Care Homes, the 1978 ina State Building Code - Residential Care Facilities.										
C 146	Outside Entrances/	Exits-Ramp(s)	C 146									
	AND EXITS (c) At least one pri for the residents' us accessible by ramp 12 inches of length purposes of this Ru entrance/exit is one residents for vehicu any resident that me with evacuation, the	HE BUILDING 12 OUTSIDE ENTRANCE ncipal outside entrance/exit e shall be at grade level or with a one inch rise for each of the ramp. For the le, a principal outside that is most often used by lar access. If the home has ust have physical assistance e home shall have two outside rade level or accessible by a										

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING _ FCL081053 03/01/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **141 FOX RUN** LISA'S FAMILY CARE HOME # 2 FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 146 Continued From page 1 C 146 This Rule is not met as evidenced by: Observations during the survey showed that the gravel at the front of the concrete ramp at the front door has eroded away leaving an approximately 3 inch drop off the front of the ramp. Have the area re-graded so that the end of the ramp is at grade level. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair. C 174 C 174 Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE **EQUIPMENT** (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations during the survey showed that the Kitchen range hood grease filter is dirty. Clean or replace the grease filter. Provide the DHSR Construction section with copies of all receipts, photographs and any other supporting documentation concerning this repair. 2. Observations during the survey showed that there is clothing behind the clothes washer and dryer. Remove all clothing from behind the washer and dryer to prevent a fire hazard. Provide the DHSR Construction section with copies of all photographs and any other supporting documentation concerning this repair.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED					
		FCL081053	B. WING		03/0	1/2016					
NAME OF PROVIDER OR SUPPLIER LISA'S FAMILY CARE HOME # 2 STREET ADDRESS, CITY, STATE, ZIP CODE 141 FOX RUN FOREST CITY, NC 28043											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE						
C 174	3. Observations du the exterior flapper exhaust is not secu sideways. Have the secured to the hom correctly. Provide t section with copies photographs and ar documentation con- 4. Observations du the exhaust fan cov to the dining room v Have the cover clea	aring the survey showed that assembly for the clothes dryer red to the home and is turned exterior flapper assembly e and have it oriented he DHSR Construction of all work orders, my other supporting cerning this repair. Tring the survey showed that wer in the rear bathroom next was clogged with dust and lint. And to ensure an w. Provide the DHSR in with copies of all my other supporting	C 174								

6899

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